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FIELD TESTING A PRE-SERVICE NEEDS  
INVENTORY FOR THE UTAH STATE  
REHABILITATION  
SERVICES

by

Donald R. Uchida

A thesis submitted in partial fulfillment  
of the requirements for the degree

of

MASTER OF SCIENCE

in

Special Education

UTAH STATE UNIVERISTY  
Logan, Utah

1979

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Donald R. Uchida

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ABSTRACT

Field Testing a Pre-Service Needs Inventory  
for The Utah State Division of  
Rehabilitation Services

by

Donald R. Uchida, Master of Science

Utah State University, 1979

Major Professor: Dr. Devoe C. Rickert  
Department: Special Education

A pre-service needs inventory was field tested for possible use by counselors of the Utah State Division of Rehabilitation Services. The field testing was carried out by utilizing two groups of consultants for evaluating format, content, and usability of the inventory.

Examination of the data collected from the consultants indicated that a pre-service needs inventory was helpful during the intake process and in filling out the Individual Written Rehabilitation Program. It also indicated that the checklist was broad enough to gather sufficient information and that the instructions were adequate. Finally the data indicated that over 75% of the counselors participating in the field test would use the checklist if it were optional.

(51 pages)



## INTRODUCTION

### General Statement of Problem

Since the inception of the Federal-State Vocational Rehabilitation Program in 1920, questions have been raised about the quality of the reported rehabilitated cases, the services provided and/or the agencies that reported the rehabilitations. Clearly, some clients are more disabled and more difficult to rehabilitate than others. A simple count of persons closed rehabilitated (Status 26) leaves many questions about the nature and value of the rehabilitation services that were provided (Struthers, 1978).

Cases closed as rehabilitated must as a minimum (1) have been declared eligible, (2) have received appropriate diagnostic and related services, (3) have had a program for vocational rehabilitation services formulated, (4) have completed the program insofar as possible, (5) have been provided counseling as an essential rehabilitation service, and (6) have been determined to be suitably employed for a minimum of 60 days. (Status 26, Division of Rehabilitated Services, Case Service Manual.)

The Utah State Division of Rehabilitation Services (DRS), as well as rehabilitation agencies in other states, has felt a need to develop an acceptable method of measuring quality in rehabilitation. The primary reason behind this need was to have a systematic basis for making changes designed to improve services to agency clients. Two secondary reasons were to improve cost-benefits to the program (Conley, 1969).

and to improve methods for measuring program outcomes (Backer, 1977).

There is a need for improved rehabilitation services to consumers. With the passage of Public Law 93-112 (Rehabilitation Act, 1973), consumers are expecting rehabilitation agencies to bring efficiency and effectiveness to their services. Groups of consumers are now demanding access to state agency policy making and service delivery practices. There is a limit to consumer tolerance of delivery systems which do not effectively respond to their needs (Carter and Meenach, 1977). This pressure by consumers has also caused rehabilitation counselors to demand changes in rehabilitation policies. The counselors have found themselves in a double bind situation. This situation requires the counselor to strive for greater numbers of Status "26" closures to satisfy the present system. At the same time the counselor must improve the quality of rehabilitation services to a higher percentage of severely disabled individuals (who may or may not become gainfully employed). The latter emphasis was mandated by the Rehabilitation Act of 1973, however, enforcement has been lax due to the present accounting system (DRS Training Seminar, 1975).

The present statistical accountability method employed by the Federal-State Vocational Rehabilitation Program (VR) is the Status "26" closure. This concept is simple and can be measured concretely. This method has also been VR's key

political strength in obtaining Federal funding. Members of Congress and taxpayers alike were impressed by the numbers of handicapped individuals who have been placed in gainful employment. They have contributed productively to the economy as a consequence of rehabilitation services they receive at taxpayers' expense. In addition to these Status "26" closures, however, were many eligible handicapped individuals who were unable to complete the rehabilitation process. These unsuccessful clients incurred expenses and the costs of services was not significantly different from those of successful clients.

During the past fiscal year (October 1, 1977 - September 30, 1978) Utah DRS closed 643 non-rehabilitated cases (Status 28).

Cases closed in this category must have met the criteria (1), (2), and (3) as in Status 26, and at least one of the services provided for by the program must have been initiated, but for some reason one or more of criteria (4), (5), and (6) as in Status 26 were not met. Included here are cases which are transferred to another State rehabilitation agency, either within the State, or in some other State. Also included here are those cases for which a rehabilitation program for counseling and guidance only was written approved, and initiated. (Status 28, Division of Rehabilitation Services, Case Service Manual)

The reasons for these closures included death, disability too severe, no vocational potential, moved or left geographical area, institutionalization and refusal of services (DRS Statistical Printout, October, 1978). The present accounting system writes these closures off as a cost with no benefit. The present system is unable to give credit to counselors who

worked on these non-rehabilitated cases where there had been some meaningful improvement in the client's life, but for one or a combination of the reasons stated above, were not able to become gainfully employed (Vialle, 1968).

Measurement of quality rather than the production of Status "26" closures would, in turn, improve the measurement of program outcomes. It was noted that under existing reporting procedures gainful employment was the common goal for all rehabilitation clients. Agency production was measured by a simple count of the number of individuals obtaining gainful employment. The use of such a goal was considered unsatisfactory for program evaluation purposes for a number of reasons. Among these were the fact that clients may enter employment in several classifications (competitive and sheltered employment, homemaker or homebound). Another reason was that it tended to result in the selection of clients for rehabilitation who could most easily be expected to achieve the common indicator of success (Struthers, 1978).

Utah DRS in its Program and Financial Plan for Vocational Rehabilitation Fiscal Year 1979, outlined procedures for the development of a Quality Review Process. In addition to the annual count of Status "26" cases, six other criteria were to be measured. These were: (1) selection of services, (2) planning of services, (3) plan effectiveness in meeting client needs, (4) coordination and delivery of services, (5) client outcome, (6) VR contribution to client gain.

An essential portion of this quality review process was to be a pre-measurement or inventory of client needs against which DRS plans, services and rehabilitation gain could be compared. Utah DRS assigned this writer the task of developing that pre-measure.

Rehabilitation agencies in other states had already begun developing measures of quality through various rehabilitation projects (see Review of Literature). In reviewing the available data with the DRS research utilization staff, it was decided that the Michigan Vocational Rehabilitation Services Quality Review was suitable, with minor adaptation, for field testing in Utah.

Material from the Michigan Project was chosen for field testing in Utah for the following reasons: (1) Michigan had accumulated a great amount of useful data. (2) The Michigan Project material was still in a malleable stage and no concrete policies had been established. This left the material open for modification by other state agencies. (3) Michigan had previously field tested its pre-measurement instrument.

#### Problem Statement

There was data available (see Review of Literature) which supports the need for validated pre-measurement or needs inventory against which rehabilitated plans, services, client outcomes and client gains could be compared. This pre-measurement inventory could be utilized by Utah DRS as part of their qualitative case review process.

### Purpose

The purpose of this study was to gather information regarding the usability of a pre-service needs assessment instrument by counselors of the Utah State Division of Rehabilitation Services.

### Operational Objectives

Specific operational objectives in field testing a pre-service needs assessment instrument were:

1. To modify the Michigan Pre-Measure Prototype.
2. To evaluate the content and format of the instrument by utilizing expert consultants (First Review).
3. To revise the instrument utilizing first review data.
4. To field test the instrument (Second Review).
5. To field test the instrument utilizing second review data.

### Research Questions

In field testing the pre-measurement instrument, answers were sought to the following questions:

1. Would DRS counselors feel that the instrument would enhance the intake process as measured by a counselor opinion questionnaire?
2. Would DRS counselors feel that the instrument would aide in planning client services as measured by a counselor opinion questionnaire?
3. Would DRS counselors feel that the instrument had enough latitude to gather sufficient information

from clients as measured by a counselor opinion questionnaire?

4. Would DRS counselors utilize the instrument if it were not mandatory, but optional, as measured by a counselor opinion questionnaire?

## REVIEW OF LITERATURE

### Introduction

This review of literature related to pre-service needs assessment or measurement was presented in three phases. The first phase focused upon research around pre-service needs assessment prior to the passage of the Rehabilitation Act of 1973, Public Law 93-112. The second phase addressed the provisions within the Rehabilitation Act of 1973 for assessing needs, goals etc. The third was research that was related to pre-service measurement of needs following the passage of the Rehabilitation Act of 1973.

### Research Related to Pre-Service Client Needs Prior to Passage of Rehabilitation Act of 1973

Literature on needs assessment in the rehabilitation setting was found to be practically non-existent prior to the 1960's. The reasons were probably twofold. First was the limited number of universities with rehabilitation training programs among their course offerings. Because of this, research in the field of rehabilitation was limited (Directory of Rehabilitation Research and Training Centers, 1977). The other reason was the use of the medical model by those engaged in rehabilitation. Backer (1977) stated that human service professionals tended to have a strong conviction that the services they were providing were worthwhile. They also felt that they had the expertise to



adequately perform their missions. The realization that all human systems and the individuals within them could be improved, was fundamental to good program evaluation. This however, was not very easily assimilated into the belief system of human service professionals. The result was that many of these professionals were resistant to evaluation or outcome measurement because they simply thought it was unnecessary.

During the 1960's this attitude of resistance to evaluation generally continued, although some research in the area of outcome measurement was being done. People in the field of rehabilitation were beginning to take a look at the reasons behind the growing number of nonrehabilitated closures. In 1960, Kallen, working for the Health and Welfare Council of Baltimore undertook a study concerned with the identification of factors which relate to success or lack of success in rehabilitation. The results emphasized that persons involved in rehabilitation of disabled individuals should attempt to prevent the clustering of a series of discouraging experiences for the client. This clustering effect would tend to create or confirm for the individual, a picture of himself/herself as a person with little ability. Once this picture became set in the mind of the client, successful rehabilitation became more difficult and the probability of a nonsuccessful closure

increased. The type of measurement used to gather the data was described as a post-service survey, with no pre-measurement.

In 1962, a study was conducted in New York through a research and demonstration project to study methods and procedures for meeting the needs of young adults with cerebral palsy. The methodology included a number of measures on intelligence, achievement, aptitude, interest and attitude. The results indicated that changes were needed in the educational and recreational programs for these individuals. The report also stated that more specific vocational training opportunities needed to be developed. Data was gathered by comparing client functioning level to minimum qualification level for specific vocations (McCavitt, 1962).

By the late 1960's, the area of rehabilitation had grown considerably. With this growth, which included substantial increases in funding, there emerged such terms as cost-effectiveness, cost-benefit and accountability. Congress, federal officials, administrators, et al, were asking the question, what are we getting out of our rehabilitation dollar?

In 1969, Conley investigated the federal-state rehabilitation program. His interest was due to rehabilitation's large size and recent rapid expansion, its highly individualized approach to serving clients and its apparent great economic return. The study was directed toward handicapped clients served during fiscal year 1967.

Statistics indicated that over 170,000 disabled persons had been rehabilitated into a gainful activity during that year. The estimated undiscounted increased lifetime earnings were \$4.7 billion. This amounted to almost \$8 per rehabilitation cost dollar. The results, however, recommended for the present that decisions for further expansion of the rehabilitation program should be based on a more precise accounting system than the present cost per closure method.

In 1971, researchers from the University of Wisconsin reported a study on rehabilitation gain. The study included a 20 item scale to measure rehabilitation gain. This instrument was designed to reflect the degree of client change for 310 vocational rehabilitation clients. The scaled scores were used as dependent variables to determine which of a number of client and rehabilitation process variables were correlated with rehabilitation gain. Costs of services were also correlated with rehabilitation gain. The pre-measurement consisted of three instruments: (1) a standard form used in state-federal VR for recording demographic and financial information. (2) a questionnaire regarding the client's perceptions and expectations of rehabilitation services. (3) an instrument parallel to the scale.

Results of the study indicated that although the initial effort to conceptualize rehabilitation gain as a single scalable variable was successful, some dimensions of client gain were not included and further research was needed (Reagles, Wright and Butler, 1971).

Provisions within the Rehabilitation  
Act of 1973 for Measurement of  
Client Gain

One of the most significant provisions of the law was the Individualized Written Rehabilitation Program (IWRP). Section 102 of the Rehabilitation Act insured that the IWRP for each handicapped individual would be developed jointly by the rehabilitation counselor and the individual client (or when appropriate, parent or guardian). It was also required to contain the terms and conditions, as well as the rights and remedies, under which goods and services would be provided to the individual. An annual review clause requiring the individual or appropriate representative and the counselor to review the program was also included.

To meet the criteria the IWRP must contain, but was not limited to five basic items. The first was a statement of the long-term rehabilitation goals for the individual and the intermediate objectives related to the attainment of those goals. The second was a statement of the specific vocational rehabilitation services to be provided. The third was the projected date for initiation and the anticipated duration of each of the services. The fourth was a statement of objective criteria and an evaluation procedure and schedule for determining whether the objectives and goals were being achieved. Finally, where appropriate, a statement was needed to explain the availability of a client assistance project (Sec. 102, Public Law 93-112). Although

the IWRP had provisions for measuring client progress or gain, there were no provisions for any kind of pre-measurement.

Research Related to Pre and Post  
Measurement of Rehabilitation  
Quality or Gain Following Pas-  
sage of the Rehabilitation Act  
of 1973

In 1974, Bassett stated that outcome measurement had to do with systematic means for discovering how disabled clients change as the result of their participation in the vocational rehabilitation process. While the traditional parameter of change was whether or not the client obtained a job, there was general agreement among practitioners that outcome measurement had to do more generally with measuring changes in the clients' economic, physical, and psychosocial functioning as well as in their vocational functioning and potential.

One of the most comprehensive efforts to develop criteria for measuring rehabilitation effectiveness to date was the Rehabilitation Indicators Project, located at the New York University Medical Center. The purpose of the project was to develop a generic language - called Rehabilitation Indicators or RI's - that could be used to describe as broad or narrow a range of goals and needs for clients in different rehabilitation settings. Four types of RI's have been developed: those that describe status, activity patterns, skills and environment. These descriptors (RI's)

were the observable elements of the client's life that can change during rehabilitation. Client progress was documented in terms of these observable, meaningful variables. One of the many possible uses was that RI's could be used to describe pre and post rehabilitation service data (Brown, 1977).

An on-going study, commissioned by the President's Committee on Mental Retardation, is attempting to determine whether a national consumer sampling approach is a feasible way of quickly determining the needs and attitudes of the retarded in such a way that national policy could be formulated based on the information received. Instruments to be used include a client interview form, a parent or significant other form, a background information survey, an agency survey and an interviewer observation form. No findings had been reported because the study was evidently still in formative stages at the time of this writing. However, it was stated that the data collected through the study could be utilized by service agencies to better assess needs and measure outcomes (PCMR, 1978).

There have been quite a number of attempts to develop new outcome measures for rehabilitation services over the past few years. In 1974, Bennett and Weisinger evaluated a total of 146 outcome measures from some 75 studies in the VR field. After much discussion on the various studies, their concluding comments were noteworthy. They stated that it was very important to note that one of the main disadvantages of a literature review in describing the current

state-of-the-art in a given subject field was that the literature reviewed was already out-of-date by the time one could read it. The best way to get a truly up-to-date portrait of the state-of-the-art was to solicit unpublished works and have telephone and mail interactions with researchers and users of recent innovations. The decision to field-test part of the Michigan Project by the research utilization staff of Utah DRS was reached in this manner.

### Summary

Prior to 1960, literature on needs assessment in rehabilitation was practically non-existent. During the 1960's, some literature was found, however most of the research dealt with post service measurement.

The passage of the Rehabilitation Act of 1973 mandated individual measurement of client progress or gain but had no specific provisions for pre-measurement. From 1974 to the time of this writing there was an increase in the research regarding client outcome and rehabilitation gain. Most of the literature reviewed indicated a pre-measure then post-measure design.

## METHODS

### Product Development

Educational research and development (R and D) appears to be the most promising strategy available now for improving education. Educational research and development is a process used to develop and validate educational products. The steps of this process (R and D Cycle) consist of studying research findings pertinent to the product to be developed, developing the product based on these findings, field testing it in the setting where it will be used eventually and revising it to correct deficiencies found in the field testing stage (Borg & Gall, 1977).

### Population and Sample Selection

The target and accessible populations for this study was all vocational rehabilitation counselors, supervisors and specialists employed by the Division of Rehabilitation Services for the State of Utah. There were two different samples selected, one for the first review and another for the actual field test.

#### First Review

The first review was conducted utilizing a random sample of ten counselors and two district supervisors from the accessible population. The ten counselor names were randomly



drawn from a total population of 88. The two supervisor names were randomly drawn from a total population of eight. The research utilization specialist for the Division of Rehabilitation was the only specialist in this group. The total sample size was 13. Educational background and experience of the consultants in the first review: (1) Two with PhD's in Educational Psychology, (2) Four with Master's degrees in Psychology, Sociology, and Educational Psychology, (3) Seven with Bachelor's degrees in Psychology and Sociology. Experience of the consultants ranged from two to seventeen years. The response rate for the first review was 100%.

#### Second Review

The second review was conducted utilizing all counselors in the two northern districts of the Division of Rehabilitation in the state. The sample size was 20. Educational background and experience of the vocational rehabilitation counselors in the field test: (1) Six with Master's degrees in Special Education, Educational Psychology, Psychology, and Business Administration. (2) Eleven with Bachelor's degrees in Psychology, Sociology, and Business Administration. (3) One Registered Physical Therapist. (4) One non college graduate. Experience of the rehabilitation counselors ranged from one to fifteen years. The response rate for the field test was 95% (one counselor went on maternity leave prior to completion).

## Instrumentation

### First Review

The rating of the first review of the pre-service instrument (Prototype 1) by the expert consultants was accomplished by utilizing an item agreement form developed by the researcher. This instrument was field tested via consultation with the research utilization staff for the division to insure content validity. This form also had a section for rater comments and suggestions for improving the instrument.

### Second Review

The rating for the second review was accomplished by utilizing a multiple question semantic differential. A seven point scale from (1) strongly disagree to (7) strongly agree was the format. This form was field tested prior to utilization. This form also had a section for rater comments and suggestions for improving the instrument.

## Research Design

For the purpose of this study, product evaluations (field testing), expert consultants in the field of rehabilitation were utilized. Expert appraisal is a technique for obtaining suggestions for the development and improvement of an instrument. Based on the feedback, the instrument was modified to improve its content, format and usability (London, 1976).

The following sequence of activities (See Figure 1) were utilized in this study:

1. Review literature dealing with pre-measurement of gain in rehabilitation.
2. Develop objectives.
3. Modify Michigan Pre-Service Instrument (Prototype 1).
4. Conduct and gather data from first review utilizing Prototype 1 and item agreement form.
5. Revise instrument.
6. Conduct and gather data from second review (field test).
7. Final revision of instrument.

#### Procedures

In order to accomplish the activities outlined by the design of this study, the following sequence was utilized:

1. A review of literature on pre-measurement of rehabilitation gain was conducted by Don Uchida.
2. A set of objectives was developed utilizing the information gathered from the review of literature.
3. A prototype was developed by modifying the Michigan Pre-Service Measurement Instrument and utilizing the information gathered from the review of literature.
4. An item agreement form, which was developed and field tested, accompanied the prototype for the

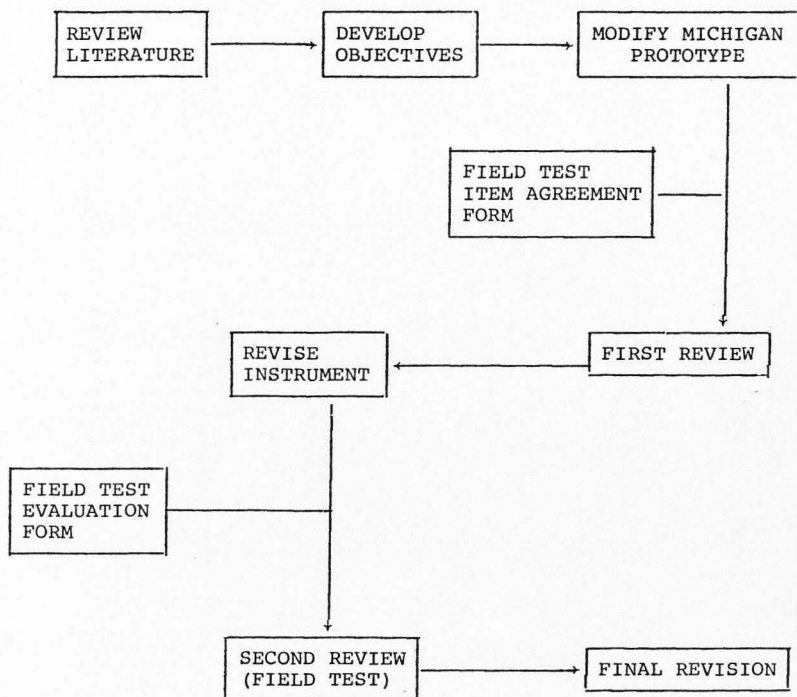


Figure 1. Visual Representation of Research Design

first review. A first review was conducted utilizing the prototype, item agreement form and 13 consultants.

5. A second prototype was developed utilizing the data gathered from the first review.
6. The field test was conducted utilizing prototype 2, an evaluation form which was field tested and 20 counselors in the two northern districts of the Division of Rehabilitation.
7. A final revision was conducted utilizing the data gathered from the field test.

Both the review and the field test were conducted utilizing intra-agency mail service and distribution through official channels. A pre-set return rate of 90% was established. Followup of non-reliers, which was not necessary, would have been conducted utilizing immediate supervisors of said individuals.

### Analysis

#### First Review

In the first review, 13 consultants were sent Prototype 1 of the instrument. An item agreement form which was field tested for content validity was also sent. Each member of this review committee was instructed to check YES retain item or NO remove item. Criterion for retention of an item was 80% agreement among the consultants. Their comments and suggestions were also evaluated.

Field Test

In the field test, 21 rehabilitation counselors in the two northern districts were sent Prototype 2 and a semantic differential with a seven point scale. The range was from (1) strongly disagree to (7) strongly agree. Criterion for passage was a per item mean no less than five. If a mean of five was not met on any item, that item or the whole instrument if needed be would have been revised utilizing the suggestions and comments of the counselors and sent back. This procedure would have repeated, if necessary, until criterion was met.

## RESULTS AND DISCUSSION

The Utah State Division of Rehabilitation Services wanted to determine the usability of a pre-service client needs inventory against which rehabilitation plans, services, client outcomes and client gains could be compared. The inventory was reviewed by thirteen consultants and then field tested on twenty rehabilitation counselors in the two northern districts of the division. The results are reported as a descriptive study with no statistical treatment for significance.

### First Review

The data collected from the thirteen consultants in the first review indicated that all items met the criteria. This means that 80% of the respondents agreed that the items were useful and needed on such a scale (See Table 1). Four items which received more than one negative rating were Item I.2, Present job unsuitable; Item II.3, Problems with chronic illness; Item IV.2, Have marital problems; and Item IV.4, Need help with living arrangements. There were no comments specifically related to Items I.2, IV.2, or IV.4. Comments regarding Item II.3 dealt with whether or not the client would understand the meaning of the word "chronic". Other comments and suggestions to items which were checked "yes" included adding or changing training and on-the-job training to Section III, add problems with Welfare to Section

Table 1

Item Agreement Response and Agreement Percentages  
of 13 Consultants in First Review

		YES	NO	%
<b>I. EMPLOYMENT NEEDS</b>				
1.	Problems finding job openings.	13	0	100
2.	Present job is unsuitable.	11	2	85
3.	Problems with job interviews.	13	0	100
4.	Problems passing job physicals.	12	1	92
5.	Problems with keeping jobs.	13	0	100
6.	Other job problems.	12	1	92
<b>II. MEDICAL AND HEALTH NEEDS</b>				
1.	Problems with vision.	13	0	100
2.	Problems with hearing or speech.	13	0	100
3.	Problems with chronic illness	11	2	85
4.	Problems with physical limitations.	13	0	100
5.	Problems with alcohol or drugs.	13	0	100
6.	Dental problems	13	0	100
7.	Emotional or mental problems	12	1	92
8.	Need special mobility equipment.	13	0	100
9.	Other medical or health needs.	13	0	100
<b>III. EDUCATION AND TRAINING NEEDS</b>				
1.	Need job training.	13	0	100
2.	Need basic or general education.	13	0	100
3.	Need special education or training.	13	0	100
4.	Other educational needs.	12	1	92
<b>IV. HOME AND FAMILY NEEDS</b>				
1.	Need help with child care.	13	0	100
2.	Have marital problems.	11	2	85
3.	Have family problems.	13	0	100
4.	Need help with living arrangements.	11	2	85
5.	Other.	13	0	100
<b>V. OTHER NEEDS</b>				
1.	Have transportation problems.	13	0	100
2.	Need financial assistance (food, rent, etc.)	13	0	100
3.	Problems with the English language.	13	0	100
OTHER FACTORS		13	0	100



V, and change Item IV.4 to read problems with living arrangements. Though there were comments and suggestions for change after the First Review, all items had met the criteria for retention. The comments and suggestions were held to be incorporated with those of the Field Test to make up the final revision. The inventory was then sent to twenty Vocational Rehabilitation Counselors for the Second Review (Field Test).

#### Second Review (Field Test)

Twenty counselors in the two Northern Districts of Utah DRS were sent copies of the inventory/checklist and a counselor opinion semantic differential. They were instructed to use the checklist on five clients then rate each section on a scale from one (strongly disagree) to seven (strongly agree). The data collected from the Field Test indicated that all research questions were answered to the pre-set mean of 5.0 per question (see Table II). Comments and suggestions were generally positive except that five of the counselors were concerned about the possibility of increased "paperwork" for them and the client.

This concern was alleviated by the Division's Research Utilization Specialist who implied that if adopted, the inventory/checklist would replace the present essay portion of the application which asks the client, "What are your problems and what do you feel Vocational Rehabilitation can do for them?" The second part of the checklist would

Table 2  
Mean Responses of 19 Vocational Rehabilitation  
Counselors on a Semantic Differential  
of 1 to 7

	MEAN
1. The checklist was helpful during the intake process.	5.26
2. The checklist was helpful when filling out the IWRP.	5.26
3. The checklist was broad enough to gather sufficient information.	5.42
4. The instructions with the checklist were adequate.	5.53
5. I would use the checklist if it were an option.	5.47
OVERALL MEAN	5.41

expedite the portion of the IWRP which the counselor presently narrates plans, objectives, and expectations.

## CONCLUSIONS AND RECOMMENDATIONS

Conclusions derived from the Field Test data indicated that the counselors who participated in the study felt that:

1. The checklist was helpful during the intake process.
2. The checklist was helpful when filling out the IWRP.
3. The checklist was broad enough to gather sufficient information.
4. The checklist instructions were adequate.
5. The V. R. Counselors who participated in the study would use the checklist if it were an option.

As a result of the Field Test the following changes were made in the checklist:

1. Item II.3 would be changed to read continuing illness instead of chronic illness.
2. Section III would have added to it: post high school education and on-the-job training.
3. Section V would have added to it V.4 other.

Along with the changes in the checklist, two recommendations for further research were proposed and discussed with the Research Utilization Staff of the Utah Division of Rehabilitation.

The first recommendation was to conduct a study utilizing the revised checklist in a post-service situation comparing responses of "Status 26" closures against applicable

"Status 28" closures to see if there would be significant differences between problems still present in non-rehabilitated verses rehabilitated cases.

The second recommendation was to utilize the revised checklist in a longitudinal study. Each district in the State would utilize the revised checklist on a certain number of new clients. A control group would be selected by matching disability codes in the same district. These cases would be followed from referral to closure. Data would be analyzed at closure. The data would also be compared at three stages in the rehabilitation process. These stages would be the time span between referral stage and planning stage, planning stage to service stage, and service stage to closure.

The purpose of this evaluation would be to assess the effectiveness of the checklist in speeding up the case service process.

The purpose of this study has been completed and the pre-service inventory is now ready for a full scale test by the Utah Division of Rehabilitation Services.

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## APPENDICES

## APPENDIX A

1. Michigan VRS Employment Problems Checklist
2. Michigan VRS Plan Development Sheet



MICHIGAN VOCATIONAL REHABILITATION SERVICE  
EMPLOYMENT PROBLEM CHECK LIST

INSTRUCTIONS: Below is a list of problems that might interfere with your ability to work at a job or to function as a homemaker.

1. Please check all the items that apply to you.
2. Then go back and put a circle around the checks which mark a problem you would like VRS to help you with.
3. Please describe your problems in your own words in Item 6 at the bottom of the page.

1. Getting and keeping a job.
  - ☐ a. Don't know what to do for a career.
  - ☐ b. Don't know where to find job openings.
  - ☐ c. Have job which is unsuitable.
  - ☐ d. Have trouble interviewing for jobs and getting hired.
  - ☐ e. Can't pass physical for jobs.
  - ☐ f. Have trouble keeping jobs after I get them.
  - ☐ g. Other problems with employment (Please describe below).
2. Health.
  - ☐ a. Have trouble with vision, hearing or speech.
  - ☐ b. Have trouble with physical limitations or chronic illness.
  - ☐ c. Have trouble due to alcohol or drugs.
  - ☐ d. Have trouble due to emotional or mental illness.
  - ☐ e. Have dental problems.
  - ☐ f. Need special equipment to get around. (Wheelchair, braces, etc.)
  - ☐ g. Other health problems. (please describe below)
3. Education.
  - ☐ a. Need more special training to obtain job skill.
  - ☐ b. Need more basic or general education.
  - ☐ c. Slow learner. Need special education and training.
  - ☐ d. Other. (Please describe below)
4. Home and Family
  - ☐ a. Need a different place to live.
  - ☐ b. Have marital problems.
  - ☐ c. Have other family problems.
  - ☐ d. Need help to be able to care for my family as a homemaker.
  - ☐ e. Other. (Please describe below)
5. Other Problems Which Affect Your Ability to Work at a Job.
  - ☐ a. Have problems with the law or government agencies.
  - ☐ b. Have transportation problems.
  - ☐ c. Needs job tools and equipment.
  - ☐ d. Lack confidence in myself.
  - ☐ e. Have trouble with the English language.
  - ☐ f. Can't take most jobs because I might lose my disability insurance or other income.
  - ☐ g. Other problems (Please describe below).
6. Please describe your problems and what you need from VRS in this space.  
(Use the back of the page if needed)

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## MICHIGAN VOCATIONAL REHABILITATION SERVICE

## EMPLOYMENT PROBLEM CHECK LIST

## PLAN DEVELOPMENT SHEET

PROBLEMS LIST	WILL VR ADDRESS PROBLEM		SERVICES TO BE PROVIDED OR REASONS FOR NOT DEALING WITH PROBLEMS
	YES	NO	
1. Employment			
1a. _____	_____	_____	_____
1b. _____	_____	_____	_____
1c. _____	_____	_____	_____
1d. _____	_____	_____	_____
1e. _____	_____	_____	_____
1f. _____	_____	_____	_____
1g. _____	_____	_____	_____
2. Health			
2a. _____	_____	_____	_____
2b. _____	_____	_____	_____
2c. _____	_____	_____	_____
2d. _____	_____	_____	_____
2e. _____	_____	_____	_____
2f. _____	_____	_____	_____
2g. _____	_____	_____	_____
3. Education			
3a. _____	_____	_____	_____
3b. _____	_____	_____	_____
3c. _____	_____	_____	_____
3d. _____	_____	_____	_____
4. Home and Family			
4a. _____	_____	_____	_____
4b. _____	_____	_____	_____
4c. _____	_____	_____	_____
4d. _____	_____	_____	_____
4e. _____	_____	_____	_____
5. Other			
5a. _____	_____	_____	_____
5b. _____	_____	_____	_____
5c. _____	_____	_____	_____
5d. _____	_____	_____	_____
5e. _____	_____	_____	_____
5f. _____	_____	_____	_____
5g. _____	_____	_____	_____
6. Additional			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## APPENDIX B

1. Rehabilitation Needs Checklist
2. Checklist Plan Development Form

## REHABILITATION NEEDS CHECKLIST

INSTRUCTIONS: Below is a list of problems that might interfere with your ability to work at a job or to function as a homemaker. Please check all the items that apply to you.

## I. EMPLOYMENT NEEDS

- ☐ 1. Problems finding job openings.
- ☐ 2. Present job is unsuitable.
- ☐ 3. Problems with job interviews.
- ☐ 4. Problems passing job physicals.
- ☐ 5. Problems with keeping jobs.
- ☐ 6. Other job problems. \_\_\_\_\_

## II. MEDICAL AND HEALTH NEEDS

- ☐ 1. Problems with vision.
- ☐ 2. Problems with hearing or speech.
- ☐ 3. Problems with chronic illness.
- ☐ 4. Problems with physical limitations.
- ☐ 5. Problems with alcohol or drugs.
- ☐ 6. Dental problems.
- ☐ 7. Emotional or mental problems.
- ☐ 8. Need special mobility equipment (wheelchair, crutches, etc.)
- ☐ 9. Other medical or health needs. \_\_\_\_\_

## III. EDUCATION AND TRAINING NEEDS

- ☐ 1. Need job training.
- ☐ 2. Need basic or general education.
- ☐ 3. Need special education or training.
- ☐ 4. Other educational needs. \_\_\_\_\_

## IV. HOME AND FAMILY NEEDS

- ☐ 1. Need help with child care.
- ☐ 2. Have marital problems.
- ☐ 3. Have family problems.
- ☐ 4. Need help with living arrangements
- ☐ 5. Other. \_\_\_\_\_

## V. OTHER NEEDS

- ☐ 1. Have transportation problems
- ☐ 2. Need financial assistance (food, rent, etc.)
- ☐ 3. Problems with the English language.

Are there any other factors which might prevent or alter your using services available through this agency? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REHABILITATION NEEDS CHECKLIST

## PLAN DEVELOPMENT SHEET

PROBLEMS LIST	WILL DRS ADDRESS PROBLEM		SERVICES TO BE PROVIDED OR REASONS FOR NOT DEALING WITH PROBLEM
	YES	NO	
I. EMPLOYMENT			
1. _____	____	____	_____
2. _____	____	____	_____
3. _____	____	____	_____
4. _____	____	____	_____
5. _____	____	____	_____
6. _____	____	____	_____
II. MEDICAL AND HEALTH			
1. _____	____	____	_____
2. _____	____	____	_____
3. _____	____	____	_____
4. _____	____	____	_____
5. _____	____	____	_____
6. _____	____	____	_____
7. _____	____	____	_____
8. _____	____	____	_____
9. _____	____	____	_____
III. EDUCATION AND TRAINING			
1. _____	____	____	_____
2. _____	____	____	_____
3. _____	____	____	_____
4. _____	____	____	_____
IV. HOME AND FAMILY			
1. _____	____	____	_____
2. _____	____	____	_____
3. _____	____	____	_____
4. _____	____	____	_____
5. _____	____	____	_____
V. OTHER			
1. _____	____	____	_____
2. _____	____	____	_____
3. _____	____	____	_____
VI. ADDITIONAL FACTORS			
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

## APPENDIX C

1. Item Agreement Form
2. Counselor Opinion Form

## ITEM AGREEMENT FORM

INSTRUCTIONS: Below is a rating list which corresponds with the Rehabilitation Needs Checklist. Please evaluate each item on the RNC Checklist and check this form accordingly.

ITEM	YES, RETAIN ITEM	NO, REMOVE ITEM
I. EMPLOYMENT NEEDS	1. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	2. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	3. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	4. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	5. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	6. YES <input type="checkbox"/>	NO <input type="checkbox"/>

ADDITIONS, COMMENTS AND/OR SUGGESTIONS: \_\_\_\_\_

II. MEDICAL AND HEALTH NEEDS	1. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	2. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	3. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	4. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	5. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	6. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	7. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	8. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	9. YES <input type="checkbox"/>	NO <input type="checkbox"/>

ADDITIONS, COMMENTS AND/OR SUGGESTIONS: \_\_\_\_\_

III. EDUCATION AND TRAINING NEEDS	1. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	2. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	3. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	4. YES <input type="checkbox"/>	NO <input type="checkbox"/>

ADDITIONS, COMMENTS AND/OR SUGGESTIONS: \_\_\_\_\_

IV. HOME AND FAMILY NEEDS	1. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	2. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	3. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	4. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	5. YES <input type="checkbox"/>	NO <input type="checkbox"/>

ADDITIONS, COMMENTS AND/OR SUGGESTIONS: \_\_\_\_\_

V. OTHER NEEDS	1. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	2. YES <input type="checkbox"/>	NO <input type="checkbox"/>
	3. YES <input type="checkbox"/>	NO <input type="checkbox"/>

ADDITIONS, COMMENTS AND/OR SUGGESTIONS: \_\_\_\_\_

OTHER FACTORS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---------------	------------------------------	-----------------------------

REHABILITATION NEEDS CHECKLIST  
COUNSELOR OPINION FORM

INSTRUCTIONS: Please circle the number which best represents your opinion.

- |   |                      |   |   |   |   |   |   |   |                   |
|---|----------------------|---|---|---|---|---|---|---|-------------------|
| 1. The checklist was helpful during the intake process.             | STRONGLY<br>DISAGREE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | STRONGLY<br>AGREE |
| 2. The checklist was helpful when filling out the IWRP.             | STRONGLY<br>DISAGREE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | STRONGLY<br>AGREE |
| 3. The checklist was broad enough to gather sufficient information. | STRONGLY<br>DISAGREE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | STRONGLY<br>AGREE |
| 4. The instructions with the checklist were adequate.               | STRONGLY<br>DISAGREE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | STRONGLY<br>AGREE |
| 5. I would use the checklist if it were an option.                  | STRONGLY<br>DISAGREE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | STRONGLY<br>AGREE |

SUGGESTIONS AND COMMENTS:

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## APPENDIX D

1. Final Revision of Needs Checklist
2. Final Revision of Checklist Plan Development Form

## REHABILITATION NEEDS CHECKLIST

INSTRUCTIONS: Below is a list of problems that might interfere with your ability to work at a job or to function as a home-maker. Please check all the items that apply to you.

## I. EMPLOYMENT NEEDS

- ☐ 1. Problems finding job openings.
- ☐ 2. Present job is unsuitable.
- ☐ 3. Problems with job interviews.
- ☐ 4. Problems passing job physicals.
- ☐ 5. Problems with keeping jobs.
- ☐ 6. Other job problems. \_\_\_\_\_

## II. MEDICAL AND HEALTH NEEDS

- ☐ 1. Problems with vision.
- ☐ 2. Problems with hearing or speech.
- ☐ 3. Problems with continuing illness.
- ☐ 4. Problems with physical limitations.
- ☐ 5. Problems with alcohol or drugs.
- ☐ 6. Dental problems.
- ☐ 7. Emotional or mental problems.
- ☐ 8. Need special mobility equipment (wheelchair, crutches, etc.)
- ☐ 9. Other medical or health needs. \_\_\_\_\_

## III. EDUCATION AND TRAINING NEEDS

- ☐ 1. Need job training.
- ☐ 2. Need basic or general education.
- ☐ 3. Need special education or training.
- ☐ 4. Need post high school education or training.
- ☐ 5. Need on-the-job training.
- ☐ 6. Other educational needs. \_\_\_\_\_

## IV. HOME AND FAMILY NEEDS

- ☐ 1. Need help with child care.
- ☐ 2. Have marital problems.
- ☐ 3. Have family problems.
- ☐ 4. Need help with living arrangements.
- ☐ 5. Other. \_\_\_\_\_

## V. OTHER NEEDS

- ☐ 1. Have transportation problems
- ☐ 2. Need financial assistance (food, rent, etc.)
- ☐ 3. Problems with the English language.
- ☐ 4. Other. \_\_\_\_\_

Are there any other factors which might prevent or alter your using services available through this agency? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REHABILITATION NEEDS CHECKLIST

## PLAN DEVELOPMENT SHEET

PROBLEMS LIST	WILL DRS ADDRESS PROBLEM		SERVICES TO BE PROVIDED OR REASONS FOR NOT DEALING WITH PROBLEM
	YES	NO	
I. EMPLOYMENT			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
II. MEDICAL AND HEALTH			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
III. EDUCATION AND TRAINING			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
IV. HOME AND FAMILY			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
V. OTHER			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
VI. ADDITIONAL FACTORS			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## VITA

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